

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APP	PROVAL
OMB Number: Expires: Estimated average hours per form	April 30, 2008 burden
SEC US	E ONLY
Prefix	Serial
I	1
DATE RE	CEIVED
l	1

Name of Offering	( check if this is an	amendment and name	has changed,	and indicate chang	ge.)		•	
Shariah Capital, Inc.	•						<u> </u>	
Filing Under (Check t	oox(es) that apply):	Rule 504	□ Rule 50	5 🛛 Rule	506	) Section 4(6) 🆊 🔽	LALÓE	
Type of Filing:	New Filing	No ner	EIVED (Co)					
		A. BA	SIC IDENTIFIC	ATION DATA		187	W.C.	
1 Enter the inform	ation requested about	the issuer				// nri	1 0 2006	
Name of Issuer		amendment and name I	has changed, a	nd indicate chang	e.	// 001.	1 1 2000	
Shariah Capital, Inc						1200		
Address of Executive	Offices		(Number and	Street, City, State	e, Zip Code)	Telephone Numbe	(Including Area Code)	
	ւ Canaan, Connecticu	t_06840	•			(203) 972-0334	<b>//</b>	
Address of Principal	<u></u>	ROCESSED	(Number and	Street, City, State	e, Zip Code)	Telephone Numbe	(Including Area Code)	
(if different from Exec			11					
Brief Description of Business: QCT 2 3 2005,								
Provision of consul	ting services.		77					
Type of Business Or	ganization	THOMSON \	171					
1		FINANCIAI	partnership, all	ready formed		other (please specify	<i>(</i> )	
[	Dusiness trust		partnership, to					
		N	nonth Year	•				
Actual or Estimated I	Date of Incorporation of	r Organization:	9 2000	6		☐ Estimated		
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for State;								
·	•	Ċ	CN for Canada;	FN for other foreign	gn jurisdiction	) DE		

## **GENERAL INSTRUCTIONS**

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.



		A. BASICI	DENTIFICATION DATA		
Each beneficial own     Each executive offic	e issuer, if the issuer er having the pow er and director of	uer has been organized with er to vote or dispose, or dis	hin the past five years; ect the vote or disposition o prporate general and manag	f, 10% or more of a ing partners of part	a class of equity securities of the issuer; tnership issuers; and
Check Box(es) that Apply:	☑ Promoter	⊠ Beneficial Owner		□ Director     □	General and/or Managing Partner
Full Name (Last name first, if Meyer, Eric					
Business or Residence Addr			le):		
125 Elm Street, New Canaa Check Box(es) that Apply:	n, Connecticut 0	Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, it					
DeLorenzo, Shaykh Yusuf		Discrete City Chata Zin Con	lo):		
Business or Residence Addr					
125 Elm Street, New Canaa Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		□ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual):				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Coo	de):		
125 Elm Street, New Canaz					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		Director	General and/or Managing Partner
Full Name (Last name first, i Redman, William	f individual):				
Business or Residence Add			de):		
125 Elm Street, New Canas	an, Connecticut				Consol and/or Managing Partner
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual):				
Business or Residence Add	ress (Number and	Street, City, State, Zip Co	de):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):				
Business or Residence Add	ress (Number and	Street, City, State, Zip Co	de):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):			w · · · · · · · · · · · · · · · · · · ·	
Business or Residence Add	ress (Number an	d Street, City, State, Zip Co	ode):		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):				
Business or Residence Add	iress (Number an	d Street, City, State, Zip Co	ode):		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

						e jan E	3. INFOR	MATION A	ABOUT OF	FERING				
1.	Has	the issuer	sold, or do	oes the iss	uer intend	to sell, to Answer al	non-accre so in Appe	dited inves	stors in this ımn 2, if fil	offering? ing under	ULOE.	·····	☐ Yes	⊠ No
2.	What	t is the mir	nimum inv	estment th	at will be a	accepted fr	om any in	dividual? .			•••••		\$250,0	000 *
								*	Unless th	e Issuer a	igrees, in	its sole d		to accept a lesser amount.
						single unit							i⊠ Yes	s 🔲 No
	any offeri	commissions of a possible and a second commissions of a possible and a second commission and a second	n or simila erson to b	ar remuner e listed is a tec list the	ation for s an associa a name of	on who hat olicitation of ted persor the broker or, you may	of purchas or agent or dealer.	ers in coni of a broke If more th	nection wit r or dealer nan five (5)	n sales of registered persons t	d with the so be listed	SEC I are	N/A	- Annual Control
Full	Name	(Last na	ne first, if	individual)										
Busi	ness	or Reside	nce Addre	ess (Numbe	er and Stre	eet, City, S	tate, Zip C	ode)						
Nam	e of	Associate	d Broker o	r Dealer	<u></u>									
State	es in	Which Pe	rson Lister	Has Solid	cited or Int	ends to So	licit Purch	asers				· · · · · · · · · · · · · · · · · · ·		☐ All States
	(Che	eck "All Sta	ates" or ch	eck individ	lual States	;)[CO]	• • • • • • • • • • • • • • • • • • • •				[GA]		[ID]	[] All States
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	•				□ [N]]	□ [MM]			☐ [ND]	_	□ [OK]		☐ [PA]	
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					[גז]									
Fuil	Nam	e (Last na	me first, it	individual)										
Bus	iness	or Reside	ence Addre	ess (Numb	er and Str	eet, City, S	State, Zip (	Code)						
Nan	ne of	Associate	d Broker o	or Dealer										
Stat	es in	Which Pe	rson Liste	d Has Soli	cited or In	tends to So	olicit Purch	nasers						☐ All States
Пι	•	eck "All St □ [AK]	ates" or cl	neck individ [AR]	cual State	s) □ (CO)	[CT]				☐ [GA]	[HI]	[ID]	_
	•			☐ [KS]			☐ [ME]	[MD]		[MI]	[MN]	[MS]		
-	MT]	[NE]	□ [NV]				☐ [NY]	☐ [NC]	[ND]	□ [OH]	□ [OK]	□ [OR]	□ [PA]	
													□ [PR]	
□ [RI]       □ [SC]       □ [SD]       □ [TN]       □ [UT]       □ [VA]       □ [WA]       □ [WI]       □ [WY]       □ [PR]    Full Name (Last name first, if individual)														
Business or Residence Address (Number and Street, City, State, Zip Code)														
Name of Associated Broker or Dealer														
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)							☐ All States							
						s)[CO]	П (СТ)	IDE1		[FL]	[GA]	[HI]	[ID]	
	[AL]	-	☐ [AZ] ☐ [IA]				☐ [ME]		☐ [MA]	☐ [MI]	☐ [MN]	_	□ [MO]	
				☐ [NH]									□ [PA]	
	[MT]					רדטו □							[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

## C. OFFERING PRICE: NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter 0 if answer is none or zero. If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Sold Offering Price Type of Security Equity...... 8,800,000.00 □ Preferred 1,200,000.00 Convertible Securities (including warrants).....\$ 1,200,000.00 \$ Partnership Interests ...... 0 Other (Specify) 10,000,000.00 \$ 1,200,000.00 Total..... Answer also in Appendix, Column 3, if filing under ULOE Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate \* Because this offering has not closed as of the date of this filing, these amounts cannot be **Dollar Amount** Number finally determined at this time. Of Purchases Investors 1,200,000.00 \* 11 \* Accredited Investors ..... 0.00 \* Non-accredited Investors.... \$ Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Dollar Amount Types of Security Sold Type of Offering Rule 505..... Regulation A..... Rule 504 Total..... Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. 0 Transfer Agent's Fees ...... 500.00 Printing and Engraving Costs ..... 100,000.00 Legal Fees ...... Accounting Fees..... 0 Engineering Fees ...... 0 Sales Commissions (specify finders' fees separately)...... 0

Total.....

Other Expenses (identify)\_

\$100,500.00

## C. OFFERING PRICE NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS. Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the 9,899,500.00 "adjusted gross proceeds to the issuer." ..... Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. above. Payments to Officers, Directors & Payments to Others **Affiliates** 0\_ Salaries and fees ..... 0 0 Purchase of real estate ..... 0 Purchase, rental or leasing and installation of machinery and equipment...... 0 Construction or leasing of plant buildings and facilities..... Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger..... 0 Repayment of indebtedness ..... 0\_ 9,899,500.00 Working capital ..... $\boxtimes$ 0 Other (specify):\_\_ 9,899,500.00 $\boxtimes$ $\boxtimes$ Column Totals..... 9,899,500.00 Total payments Listed (column totals added)..... D FEDERAL SIGNATURE This issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Comprission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Signa)ure

Title of Signer (Print or Type)

**President and Chief Executive Officer** 

Issuer (Print or Type)
Shariah Capital, Inc.

Eric Meyer

Name of Signer (Print or Type)

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Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)